HOOPA VALLEY TRIBE HOOPA DEVELOPMENT FUND-CREDIT DIVISION P.O. BOX 1307 HOOPA, CA 95546 (530)625-5565 FAX (530)625-5181

CO-SIGNER CREDIT APPLICATION

IMPORTANT: PLEASE READ THESE DIRECTIONS BEFORE COMPLETING APPLICATION.

1.Upon returning the application you must submit some type of income verification.(current check stub, bank statement, S.S.I. statement etc.)
2. Please print or type your answers. Provide all information requested. If you need more space to answer any questions or wish to elaborate, provide this information on supplemental sheets of paper. The Hoopa Development Fund is relying on the information provided. Incomplete answers or misrepresentation of information will jeopardize your ability to become a co-signer.

3. All co-signers must complete the application to the best of their knowledge.

Co-signer do not have to be Hoopa tribal members, nor do they have to reside on the Hoopa Valley Indian Reservation (unless otherwise stated by the Credit Committee). All co-signer's must have excellent credit, and can not have any derogatory accounts with Hoopa Development Fund-Credit Division or E.D.A., co-signers can only co-sign for one applicant at a time. All co-signers will be obligated to make payments on the loan should the applicant fail to make the payments. Any contract made between the applicant and the co-signer is strictly between the applicant and the co-signer and Hoopa Development Fund will have no part in the contract.

applicant and the co-signer and Hoopa Development Fund will have no part in the contract.							
Applicants name whom you are co-signing for:							
Amount of loan you are co-signing for \$							
Are you currently a co-signer on any other loan? YES NO							
Do you currently have a loan through Hoopa Development Fund Credit/E.D.A.? \(\subseteq \text{YES} \subseteq \text{NO} \) If marked YES please specify loan amount \$\subseteq \text{and type of loan} \(\subseteq \subseteq \text{Credit/E.D.A.?} \)							
CO-SIGNERS FULL NAME	S.S.	BITHDATE	ROLL#	# OF DEI)		
		()				
P.O. BOX/APT./STREET	CITY,STATE ZIP		HOME PHONE				
		()				
NAME OF EMPOYER	EMPLOYERS ADDRESS		EMPLOYERS PHONE				
POSITION/OCCUPATION	YEARS HEL)					
Check the box that best answers the question. If you answer yes to any of the questions please provide detail on a separate sheet of paper.							
YES NO							
Has anybody ever foreclosed or repossessed any of your property because you owed them money?							
Are there any unsatisfied judgments against you?							
Have you been declared bankruptcy in the last 14 years?							
Are you a defendant in any suits or legal actions?							
Are you a partner or officer in any other financial venture?							
IMPORTANT: PLEASE READ. The information contained in this application is provided for the purpose of obtaining or maintaining credit with the CREDIT Signature: DIVISION on behalf of the undersigned. The							

IMPORTANT: PLEASE READ. The information contained in this application is provided for the purpose of obtaining or maintaining credit with the CREDIT DIVISION on behalf of the undersigned. The undersigned understands that the CREDIT DIVISION is relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. The undersigned represents and warrants that the information provided is true and correct to the best of their knowledge and that the CREDIT DIVISION may consider these statements as continuing to be true and correct until a written notice of a change is given to the CREDIT DIVISION by the undersigned. The CREDIT DIVISION is authorized to make all inquires it deems necessary to verify the accuracy of the statements made herein, and determine my credit worthiness. The CREDIT DIVISION is authorized to answer questions about it's credit experience with me.

Signature:	
Please print Your name:	
Date:	S.S. #:
OFFICE USE ONLY:	
APPROVED: YES	S NO